MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

06803

Reg. Dist. No. 3[illegible]

1. PLACE OF DEATH:

County Washington

City or town Clearspring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clearpsing, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ROBERT NEWTON BAIN

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nora Bain

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 17, 1875

8. AGE: Years 64 | Months 8 | Days 7 | If less than one day: hrs. min.

9. Birthplace Clearpring- Wash. Md. (Town, county, and state)

10. Usual occupation Retired Rural Mail Carrier

11. Industry or business

FATHER

12. Name Martin F. Bain

13. Birthplace Wash. Co., Md.

MOTHER

14. Maiden name Louise Miller

15. Birthplace Wash. Co., Md.

16. Informant Mrs. Nora Bain

Address Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26, 1940 (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Near Clearspring, Md.

18. Funeral director Snyder-Rowland Funeral Home

Address Clearspring, Md.

19. June 26 1940 (Date rec'd by registrar) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1940 at 10:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19----, and that I last saw him alive on ---- 19----.

Immediate cause of death	DURATION
Chronic myocarditis with.	6/23/40
Due to thrombi in left ventical	
old and new emboli in	
Due to myocardium, lungs,	
spleen and kidneys.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above 6/24/40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury Injured at work?

23. SIGNATURE R. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.

Address 115 N. Potomac St. Hagerstown, Md. M. D. or other

Date signed 6/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

06804

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown outside

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, Institution, or street address where death occurred: Middleburg Pike

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Middleburg Pike

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Mrs Lillian Clara Baker.

3. (b) Social Security Number none.

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: Daniel W.

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.): Nov 16 - 1875

8. AGE: Years 64 | Months 6 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace: Middleburg Franklin Co Pa. (Town, county, and state)

10. Usual occupation: Housew. Fe

11. Industry or business: —

FATHER

12. Name: George W. Bowders.

13. Birthplace: Middleburg Pa.

MOTHER

14. Maiden name: Rebecca Stahr.

15. Birthplace: Middleburg Pa.

16. Informant: Daniel W. Baker.

Address: Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 6 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cem

Location: Hagerstown, Md.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown, Md

19. June 6, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1-39 19 to 6-1-40 19

and that I last saw her alive on 6-1-40 19

Immediate cause of death: Congestive Heart Failure — DURATION: 6 mos

Due to

Due to

Other conditions: Chronic Nephritis — 3 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. Earl Young MD M. D. or other

Address: Hagerstown Md Date signed 6/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Do you

RECEIVED
JUL 8 1940
BUREAU V. S.

06805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Rural Near Hayetts R F D 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural Near Hayetts
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME W. Scott Beckley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Edith Beckley

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1874

8. AGE:

Years	Months	Days	If less than one day
66	3	17	hrs. min.

9. Birthplace Halfway Wash. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name David Beckley
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden name Margaret Watkins
15. Birthplace Hagerstown Md.

16. Informant Mrs William Shank

Address Near Hayetts Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3, 1940 (month) (day) (year)

Cemetery or crematory Salem Reformed Cemetery

Location Near Cearfoss Md.

19. Funeral director Scott F Minnick & Son

Address Hagerstown Md.

19 June 2nd 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 2:25 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 38 to June 1, 1940 and that I last saw him alive on May 30, 1940 19

Immediate cause of death	DURATION
General Oedema	
Due to Myocarditis + Valvular Heart disease	?
Due to	
Other conditions Chr Nephritis	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry R Kritzer MD M. D. or other

Address Hagerstown Md. Date signed 6-1-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-A) J

06806

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs.
Hospital, Institution, or street address where death occurred: Flouda ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Florida ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ella Marie Bennett

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 11 - 1897

8. AGE: Years	Months	Days	If less than one day
42	9	15	..... hrs. ..... min.

9. Birthplace Martinsburg, Berkley Co. W. Va.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name George Bennett

FATHER 13. Birthplace Martinsburg, W. Va.

MOTHER 14. Maiden name Not Known

MOTHER 15. Birthplace " "

16. Informant Howard N. Youngblood

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28-1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons.

Address Hagerstown, Md

19. June 28, 1940 (Date rec'd by registrar) C. Walter Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 19 40, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/20 19 40, to 6/26 19 40 and that I last saw h[illegible] alive on 6/2[illegible] 19 40

Immediate cause of death	DURATION
Carcinoma of ovaries with generalized Metastasis	abt 8 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma ovaries - metastasis Date of op. 3/15/40

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H. H. Lusby M. D. or other

Address 170 W. Main St. Date signed 6/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

Dr. F. F. Lumsby

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06807

CERTIFICATE OF DEATH

(940)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs -
Hospital, institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town ~~Hagerstown~~ outside
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2014 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John H. Bowers.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Bessie M.
6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1872

8. AGE: Years	Months	Days	If less than one day
67	9	12	hrs. min.

9. Birthplace Hagerstown. Wash Co Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired.
12. Father — Name Daniel S. Bowers.
13. Father — Birthplace Hagerstown Md.
14. Mother — Maiden name Ellen Stem
15. Mother — Birthplace Sabillasville Md.
16. Informant Mrs John H. Bowers
Address Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 16-1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown Md.
18. Funeral director Andrew K. Cassimane
Address Hagerstown, Md.
19. June 15, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 1.30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1935, to June 14 1940 and that I last saw h. alive on June 14 1940

Immediate cause of death	DURATION
Coronary occlusion	6/14/40
arteriosclerosis	6/15/35
Due to Hypertension	6/15/35
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. L. Portenfield M.D. M. D. or other
Address 136 W Washington St Date signed 6/14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr. Portenfield

RECEIVED
JUL 8 1940
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

06808

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day -
Hospital, institution, or street address where death occurred:
Wash. Co Hospital
How long in hospital or institution? 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 172 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war no -

3.(a) FULL NAME Bruce Charles Bowers.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife none

6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Nov - 12-1898

8. AGE: Years	Months	Days	If less than one day
41	7	10	...hrs. ...min.

9. Birthplace Hagerstown. Wash Co Md.
(Town, county, and state)

10. Usual occupation laborer.

11. Industry or business

FATHER
12. Name Jacob E. Bowers.
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden name Anna E. Middlekauff.
15. Birthplace Hagerstown. Md.

16. Informant Russell J. Bowers
Address Hagerstown. Md.

17. Burial. Date thereof June 25 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.

16. Funeral director Andrew K. Coffman
Address Hagerstown Md

19. June 25 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1940, to June 23 1940
and that I last saw him alive on June 23 1940

Immediate cause of death	DURATION
Uraemia	6/19/40
Nephritis Chr	1936
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ...Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE H K Porterfield M.D.
M. D. or other
Address 136 W Washington Date signed 6/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

06809

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 118 Buena Vista Ave,
Stay in hospital or inst. (yrs., or mos., or days): 30 years
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 118 Buena Vista Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Jacob M. Carter,

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lollie E. Carter
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Sept 17, 1880.

8. AGE: Years	Months	Days	If less than one day
59	8	23	hrs. min.

9. Birthplace: Brownsvill, Washington County, Md
(Town, county, and state)
10. Usual occupation: Retired Minister.
11. Industry or business:
FATHER 12. Name: William Carter
13. Birthplace: Wash. Co., Md.
MOTHER 14. Maiden name: Mary Marshall
15. Birthplace: Wash. Co., Md.
16. Informant: Mrs Lollie E. Carter (Wife)
Address: Hagerstown., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13, 1940 (month) (day) (year)
Cemetery or crematory: Rest Haven Cemetery.
Location: Hagerstown. Md.
18. Funeral director: Fred W. Kraiss.
Address: Hagerstown.
19. June 13, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION 8:20 A.M.

20. DATE OF DEATH June 10 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 10 1940 and that I last saw h alive on 19

Immediate cause of death	DURATION
Coronary Thrombosis	10 Min
Due to Hemiplegia	10 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None.
Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest F Poole M.D.
M. D. or other
Address Hagerstown Md. Date signed 6/11/40

RECEIVED
JUL 8 1940
BUREAU V. S.

06810

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 wk.

Hospital, institution, or street address where death occurred: Wash. Co Hospital -

How long in hospital or institution? 1 wk.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport

(If outside city or town limits, write RURAL and give nearest town)

Street No. 26 Cononcheague St

(If rural, give LOCATION)

2.(a) If veteran, name war no.

3. (a) FULL NAME Frances L. Clagett.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: Clinton R.

6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.): Aug 19 - 1871

8. AGE: Years 68 Months 10 Days 4 If less than one day ..... hrs. ..... min.

9. Birthplace: Smithsburg Wash. Co Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: George Noel -

13. Birthplace: Caretown. Md.

MOTHER 14. Maiden name: Mary Helen Justice

15. Birthplace: Caretown. Md

16. Informant: Clinton R. Clagett Jr.

Address: Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 25-1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cem.

Location: Hagerstown. Md

18. Funeral director: Andrew K. Coffman

Address: Hagerstown Md

19. June 25, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw her alive on ..... 19.....

Immediate cause of death	DURATION
Diabetes Mellitus	1937
Due to Dislocation (l) hip	6-16-40
Fractured pelvis	6-16-40
Due to Shock	
Cerebral hemorrhage	6-21-'40
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/16/40

Where did injury occur? Williamsport-Greencastle (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Auto accident Injured at work?

23. SIGNATURE S. Robert Mells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other

Address 115 N. Potomac St. Hagerstown, Md. Date signed 6/24/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr H: [illegible]

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-70) V

Reg. Dist. No. 3011

CERTIFICATE OF DEATH

06811

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hancock, (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hancock. (If outside city or town limits, write RURAL and give town)

(d) Street No. Main St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Amos Oliver Clevenger

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Pleasant Clevenger

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July 19 1868

8. AGE: Years	Months	Days	If less than one day
71	11	21	____ hr. ____ min.

9. Birthplace Fulton Co. Pa. (Town, county, and state)

10. Usual occupation School House Janiter

11. Industry or business

FATHER

12. Name Elies Clevenger

13. Birthplace Fulton Co. Pa.

MOTHER

14. Maiden Name Elizabeth Palmer

15. Birthplace Fulton Co. Pa.

16 (a) Informant Miss. Madaline Clevenger

(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June. 27 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Near Hancock, Md.

18 (a) Funeral director Snyder- Rowland

(b) Address Hancock, Md.

19 (a) 6/25/40 (Date rec'd by registrar) (b) T P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death June 24 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 24 1940, and that I last saw him alive on June 24 19 40

Immediate cause of death (a) Carcinoma Liver	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** A M Shaffer M. D. or other

Address Hancock Md Date signed 6/24/40

RECEIVED
JUL 8 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

06812

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 445 Salem Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Jacob M. Drury

3. (b) Social Security Number: 520-29-7230

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Sally C.

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Jan. 26 1873

8. AGE: Years	Months	Days	If less than one day
67	5	1	...hrs. ...min.

9. Birthplace: Mercersburg, Pa.
(Town, county, and state)

10. Usual occupation: Grocer - 14 yrs.

11. Industry or business:

FATHER
12. Name: William Drury
13. Birthplace: Mercersburg, Pa.

MOTHER
14. Maiden name: no record
15. Birthplace:

16. Informant: Mrs. Sally Drury
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 30, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: A. K. Coffman

Address: Hagerstown, Md.

19. June 30, 1940 (Date rec'd by registrar) Chas. H. Boward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27, 1940 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-26- 1940 to 6-27- 1940 and that I last saw ... alive on 6-27- 40 19...

Immediate cause of death	DURATION
Cerebral Hemmrhage	2 days
Due to	
Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. Dickson M. D. or ...

Address: Hagerstown Md. Date signed: 6-30-40

RECEIVED
JUL 8 1940
BUREAU V. S.

251

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-d)

06813

CERTIFICATE OF DEATH

Reg. Dist. No. 302

(M)

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~none~~ 8 yrs.

Hospital, institution, or street address where death occurred: 521 Frederick St

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 521 Frederick St

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Beverly Ann Early

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 26 - 1932

8. AGE: Years 7 | Months 6 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown, Wash Co Md. (Town, county, and state)

10. Usual occupation In School

11. Industry or business —

FATHER
12. Name Leslie Early
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Madeline Rhodes
15. Birthplace Hagerstown. Md.

16. Informant Leslie Early

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8-1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown Md

18. Funeral director Andrew K Coffman

Address Hagerstown. Md

19. June 8 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to June 6 1940 and that I last saw her alive on June 5 1940

Immediate cause of death Valvular heart disease

Due to

Due to Rheumatic fever.

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Walter Laymans M.D. M. D. or other

Address Hagerstown. Md Date signed 6/7-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06814

(83-a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 yr.

Hospital, institution, or street address where death occurred:

10 E. Baltimore St.

How long in hospital or institution? none.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 E Baltimore

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Joseph Thomas Elgin.

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6.(b) Name of husband or wife Fannie.

6.(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) April 2 - 1859

8. AGE: Years 81 | Months 2 | Days 27 | If less than one day ... hrs. ... min.

9. Birthplace Sandy Hook, Wash. Co. Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Retired.

FATHER 12. Name James T Elgin.

FATHER 13. Birthplace Clarksburg Va.

MOTHER 14. Maiden name Julia Miller.

MOTHER 15. Birthplace Clarksburg Va.

16. Informant Wilbur Elgin.

Address Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 1 - 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

18. June 30, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29. 1940 at 1245 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940 to June 29 1940

and that I last saw him alive on June 25 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE D. Prather M. D.

Address Hagerstown, Md. Date signed June 29. 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Prather

RECEIVED
JUL 8 1940
BUREAU V. S.

06815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 408 Guilford Ave.

Hospital, institution, or street address where death occurred: 25 yrs

How long in hospital or institution? No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. (If outside city or town limits, write RURAL and give nearest town)

Street No. 408 Guilford Ave. (If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME Emory E. Ensminger.

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower.

6.(b) Name of husband or wife: Sallie

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 1 - 1859

8. AGE: Years 80 | Months 6 | Days 12. | If less than one day ..... hrs. ..... min.

9. Birthplace St Louis, St Louis Co. Mo. (Town, county, and state)

10. Usual occupation Cabinet Maker

11. Industry or business Retired.

FATHER
12. Name No Record
13. Birthplace No Record

MOTHER
14. Maiden name No Record
15. Birthplace No Record.

18. Informant Walter E Ensminger

Address Hagerstown. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem

Location Hagerstown. Md

18. Funeral director Andrew K. Coffman

Address Hagerstown - Md.

19. June 15, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 3 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1940, to June 13 1940 and that I last saw him alive on June 13 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 hrs
Due to	
Due to	
Other conditions arteriosclerosis	2
Chr myocarditis	2

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. H. Binkley M. D. or other

Address Hagerstown Md Date signed 6/13/40

Dr. Binkley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

48-B

06816

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 39 Elizabeth Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 43 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 39 Elizabeth St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ruth Elizabeth Entler

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John R. Entler

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): October 13, 1896

8. AGE: Years	Months	Days	If less than one day
43	7	26	hrs. min.

9. Birthplace: Hagerstown- Wash. Md. (Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business:

FATHER

12. Name: William Mc. Spigler

13. Birthplace: Middleburg, Pa.

MOTHER

14. Maiden name: Clara F. Randall

15. Birthplace: Hagerstown, Md.

18. Informant: John R. Entler

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. June 11, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8, 1940- 1:59 P. M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 8 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Carcenomas of uterus	1 yr
Due to Patient was attended	
Due to by Dr U. D. Miller who	
is Dept of town at time	
Other conditions of Death	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Campbell M. D. or other

Address: Hagerstown Md Date signed 6/10/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

06817

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or Town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Washington Co

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~ near: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Sharpsburg Pike

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Premature child (Evans)

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	S.

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 12, 1940

8. AGE: Years: — Months: — Days: — If less than one day: 2 hrs. min.

9. Birthplace: Hagerstown Wash Co. Md. (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER 12. Name: Robert L. Evans Jr

FATHER 13. Birthplace: Staunton Va.

MOTHER 14. Maiden name: Elisabeth Freind

MOTHER 15. Birthplace: St James Md.

18. Informant: Robert L. Evan

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rest Haven

Location: Hagerstown Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown Md.

19. June 13, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/12 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6/12 1940, to 6/12 1940

and that I last saw h~~im~~ alive on 6/12 1940

Immediate cause of death	DURATION
Premature Infant	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. S. Porterfield M.D. M. D. or other

Address: 136 W Washington St Date signed: 6/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

06818

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 108 S. Foundry Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 108 South Foundry, St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lillie D. Garrett.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

8 (b) Name of husband or wife: Millard F. Garrett.

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): April 2, 1872.

8. AGE: Years	Months	Days	If less than one day
67	2	12	hrs. min.

9. Birthplace: Hardy County, W. Va. (Town, county, and state)

10. Usual occupation: Home work

11. Industry or business:

FATHER 12. Name: (Unknown) Carlyle

FATHER 13. Birthplace: ------- W. Va.

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Unknown

18. Informant: Elmer L. Garrett

Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill.

Location: Hagerstown.

18. Funeral director: Fred W. Kraiss.

Address: Hagerstown.

19. June 17, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940, at 12 M

21. I CERTIFY that I attended deceased from May 1940 to June 14 1940, and that I last saw h[illegible] alive on June 12 1940.

Immediate cause of death: Chronic Myocarditis.

DURATION

Due to:

Due to:

Other conditions: General Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. W. Bowers M.D. M. D. or other

Address: Hagerstown, Md. Date signed: June 17 1940

RECEIVED
JUL 8 1940.
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06819

1. PLACE OF DEATH (8)

County Washington Registration Dist. No. 303

Village or City Charlton Md. P.O. Clear Spring Rt 1 No. St., Ward

(If death occurred in o hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Child of Chas. + Marguerite Gehr

(a) Residence: No. Charlton Md. (Clear Spring Rt 1.) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 0 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 0

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 0

10. Date deceased last worked at this occupation (month and year) 0 — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Charlton (Clear Spring Rt 1)
(State or country) Md.

FATHER

13. NAME Charles Allen Gehr.

14. BIRTHPLACE (city or town) Charlton Md
(State or country) Md.

MOTHER

15. MAIDEN NAME Marguerite Alice Reid

16. BIRTHPLACE (city or town) Big Spring
(State or country) Md.

17. INFORMANT Chas. A. Gehr
(Address) Charlton Md.

18. BURIAL/CREMATION, OR REMOVAL Father of Chas. Gehr
Place Fond of Russel Gehr, Date June, 1940

19. UNDERTAKER None - Father Chas. Allen Gehr
(Address) Clear Spring Md. R 1

20. FILED June 6, 1940 J. Nelson Murray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5th (Day), 1940 (Year)

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ ~~, 19~~ ~~, to~~ ~~, 19~~ ~~I last saw h~~ ~~alive on~~ ~~, 19~~ ; death is said to have occurred on the date stated above, at 9 45 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Prematurity, Stillborn	6/5/40.

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank F. Shupp. M. D.

(Address) 109½ N. Potomac St, Hagerstown, Md.

If more blanks are needed, address State Registrar, 311 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06820

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town (If outside city or town limits, write RURAL NEAR and give town) Hagerstown

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wash.

City or town (If outside city or town limits, write RURAL NEAR and give town) Hagerstown Ward No. 2

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Gilliam

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 12 1940

8. AGE: Years: Still born | Months | Days | If less than one day: hrs. min.

9. Birthplace Hagerstown Md. (Town, county, and state)

10. Usual occupation stillborn

11. Industry or business

FATHER 12. Name Herman Waverley Gilliam Jr.

13. Birthplace Lynchburg, Va.

MOTHER 14. Maiden name Helen Morgan Rabey

15. Birthplace Lynchburg Va.

16. Informant Mrs. Helen Rabey Gilliam

Address 30 W. Antietam St.

17. Cremation or burial (Burial, cremation, or removal (which?)) Date thereof June 12. 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19 June 14 1940 (Date rec'd by registrar) Chas. H. Byers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940 at 5-20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

	DURATION
Immediate cause of death	
Died in utero	
Due to 3 mo. pregnancy	6-12-40
Due to miscarriage	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE R. Robert Wells M. D.
M. D. or —

Address Hagerstown, Md. Date signed 6-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-B)

CERTIFICATE OF DEATH

06821

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11 months

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 251 Bryan Place

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel H. Golden

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elenora Golden

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1867

8. AGE: Years	Months	Days	If less than one day
72	9	0	hrs. min.

9. Birthplace Wash. County, Md. (Town, county, and state)

10. Usual occupation Retired R. R. Detective

11. Industry or business Pennsylvania R. R.

FATHER 12. Name Joseph Golden

13. Birthplace Wash. Co., Md.

MOTHER 14. Maiden name Lucinda Horine

15. Birthplace Wash. Co., Md.

16. Informant J. Scott Golden

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24, 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 24, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to June 21 1940, and that I last saw him alive on June 21 1940.

Immediate cause of death	DURATION
Carcinoma Prostate	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. W. Lutz M. D.

Address Hagerstown Md. Date signed 6/27/40

RECEIVED
JUL 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

06822

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 116 W Charles

Stay in hospital or inst. (yrs., or mos., or days): 11 days

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 116 W. Charles (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ray Good

3. (b) Social Security Number: 212-14-6149

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Good

6(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): May, 1906

8. AGE: Years 34 | Months | Days | If less than one day ___ hrs. ___ min.

8. Birthplace: Stanley Va (Town, county, and state)

10. Usual occupation: Butler

11. Industry or business: House Work ect.

FATHER

12. Name: Ambrose Good

13. Birthplace: Stanley Va

MOTHER

14. Maiden name: Ella Campbell

15. Birthplace: Stanley Va

16. Informant: Bessie Good

Address: 116 W Charles

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8-1940 (month) (day) (year)

Cemetery or crematory: Rosehill Cemetery

Location: Hagerstown Md

18. Funeral director: John M Caldwell

Address: 160 N Jonathan St Hagerstown Md

19. June 8 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1940, to June 6 1940, and that I last saw him alive on June 6 1940.

Immediate cause of death: Perforated Peptic Ulcer — DURATION: May 27 M

Due to

Due to

Other conditions: Acute Generalized Peritonitis — 10 days (Include pregnancy within 3 months of death)

Major findings:

Of operations: as above

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Philip J. Hoshman MD M. D. or other

Address: Hagerstown Md — Date signed 6/7/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-P)

CERTIFICATE OF DEATH

06823

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Conococheague St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Conococheague St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Catherine Griffin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~: William E Griffin

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug 9 1842 5

8. AGE: Years	Months	Days	If less than one day
97	4	26	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Samuel Bloom
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Myers
15. Birthplace: Maryland

16. Informant: Mrs. Charles Hose (daughter
Address: Williamsport, Md

17. Burial ~~or cremation~~ Date thereof: June 6 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Harmony Cemetery

Location: Marlow W. V.

18. Funeral director: Edith V Leaf

Address: Williamsport Md

19. June 5 1940 Mrs E Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/4/40 19____, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/4/40 19____ to 6/4/40 19____, and that I last saw h alive on 6/4/40 19____

Immediate cause of death	DURATION
Hypertensive Cardio-Vascular Disease	10 yrs
Due to Chronic Nephritis	5 yrs
Due to Arteriosclerosis	20 yrs
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Ralph L. Young M. D. or other

Address: Williamsport, Md. Date signed: 6/5/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06824

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington County

City or town Williamsport Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 18 Vermont St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 18 Vermont St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Emma Grimes

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

8 (b) Name of husband or wife John William Grimes

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 10 1864

8. AGE: Years	Months	Days	If less than one day
75	7	18	____ hrs. ____ min.

9. Birthplace Kemps Mill near Williamsport
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joanathan Bowser
13. Birthplace Funkstown, Md

MOTHER
14. Maiden name Dorthea Hartman
15. Birthplace Md.

16. Informant Mrs. Nettie Grimes
Address Williamsport Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 1940 (month) (day) (year)

Cemetery or crematory Riverview Cemetery
Location Williamsport, Md

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. June 29 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 3:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1940, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death	DURATION
Coronary Occlusion	1 day
Due to	
Due to Arterio Sclerosis	5 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Williamsport Md Date signed 6/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06825

CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DEATH:
County Washington
City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 years.
Hospital, institution, or street address where death occurred:
446 W. Franklin
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 446 W. Franklin
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Carroll L. Hann

3.(b) Social Security Number 705-10-6580

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of ~~husband~~ or wife Marguerite Hann

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 24 - 1894

8. AGE: Years	Months	Days	If less than one day
46	3	16	..... hrs. ..... min.

9. Birthplace Taneytown Carroll Co. Md.
(Town, county, and state)
10. Usual occupation Boiler Maker
11. Industry or business W.M.R.R. Co. Shop.
FATHER 12. Name Millard Hann
13. Birthplace New Windsor Md
MOTHER 14. Maiden name Martha Bowers
15. Birthplace New Windsor, Md
16. Informant Mrs. Carroll Hann.
Address Hagerstown, Md.
17. Burial Date thereof June 12-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Rest Haven
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md
19. June 11, 1940 Elsie M. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 4:00 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral hemorrhage	6/10/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op.
Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) No
Means of injury Injured at work?

23. SIGNATURE A. Robert Mello DEPUTY MEDICAL EXAM WASH. CO., MD.
Address 115 N. Potomac St. Hagerstown, Md. M. D. or other
Date signed 6/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

06826

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Funkstown, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs —

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Funkstown, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: John William Hareford

3. (b) Social Security Number: 705-10-6798

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Lillian Rosella

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): May 22, 1896

8. AGE: Years: 44 Months: 1 Days: 4 If less than one day: ..... hrs. ..... min.

9. Birthplace: Hagerstown, Md. (Town, county, and state)

10. Usual occupation: Machinist W. M. Rwy

11. Industry or business

FATHER

12. Name: Henry Hareford

13. Birthplace: Bluefield, W. Va.

MOTHER

14. Maiden name: Lillian Choppert

15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. Rosella Hareford

Address: Funkstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 28 '40 (month) (day) (year)

Cemetery or crematory: Rest Haven

Location: Hagerstown, Md

18. Funeral director: A. K. Coffman

Address: Hagerstown, Md.

19. June 28, 1940 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26, 1940, at 7:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 22 1940, to June 26 1940 and that I last saw him alive on June 26/40 19

Immediate cause of death	DURATION
Congestive Heart Failing	10 days
Due to Chronic Valvular Disease	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. A. Campbell, M. D. or other

Address: Hagerstown Md. Date signed: June 27/1940

Dr Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

N RESERVED FOR BINDIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170e)

06827

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 das.

Hospital, institution, or street address where death occurred: Wash. Co Hospital.

How long in hospital or institution? 2 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown -

(If outside city or town limits, write RURAL and give nearest town)

Street No. 367. So Cannon Ave

(If rural, give LOCATION)

2.(a) If veteran, name war None -

3.(a) FULL NAME Ralph L. Henson

3.(b) Social Security Number 705-10-6792

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: Pearl.

6.(c) If alive, give age 41. years

7. Birth date of deceased (mo., day, yr.): Nov. 2 - 1900

8. AGE: Years 39 | Months 7 | Days 8 | If less than one day ..... hrs. ..... min.

9. Birthplace: Hagerstown, Wash. Co Md. (Town, county, and state)

10. Usual occupation: Boiler Helper.

11. Industry or business: W. Md. R.R. -

FATHER
12. Name: D Newton Henson
13. Birthplace: Hagerstown Md.

MOTHER
14. Maiden name: Laura Barber
15. Birthplace: Hagerstown Md.

16. Informant: Mrs Ralph Henson

Address: Hagerstown Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: June 12-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cem.

Location: Hagerstown Md.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown. Md.

19. June 12, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw him alive on ..... 19.....

Immediate cause of death: Fracture left tibia, fibula and left ribs. Hemorrhage into pleural cavity

DURATION: 6/10/40

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. .....

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of 6-8-40

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) 600 block Frederick St.

Means of injury: Hit by auto. Injured at work? NO

23. SIGNATURE: S. Rafus Mills

DEPUTY MEDICAL EXAM. WASH. CO., MD.

M. D. or other

Address: 115 N. Potomac St. Hagerstown, Md.

Date signed .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

.115.

RECEIVED
JUN 19 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06828

1. PLACE OF DEATH (93-0)

County Washington County Registration Dist. No. 30e

Village or City Sharpsburg Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Highberger If U. S. Veteran, specify WAR World War

(a) Residence: No. Sharpsburg, Md St., Ward Social S- #220-09-7392

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of ~~(or) WIFE of~~ — Anna C Highberger

6. DATE OF BIRTH (month, day, and yaar) March 17 1893

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
47	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Boilermaker

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year) June 22 1940 | 11. Total time (yaars) spent in this occupation life

12. BIRTHPLACE (city or town) Sharpsburg (State or country) Maryland

FATHER

13. NAME William Highberger

14. BIRTHPLACE (city or town) Sharpsburg (State or country) Md.

MOTHER

15. MAIDEN NAME Florence Himes

16. BIRTHPLACE (city or town) Sharpsburg (State or country) Md

17. INFORMANT Richard R. Knott (Stepson (Address) Sharpsburg Md

18. BURIAL, CREMATION OR REMOVAL Sharpsburg Md Place National Cem. Date June 24, 1940

19. UNDERTAKER Edith V Leaf (Addrass) Williamsport, Md

20. FILED 6-27, 1940 Elf Berger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 22 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1940, to June 22, 1940

I last saw h. IM alive on June 22, 1940; death is said to havo occurred on tha date stated abova, at 1:50A m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	6-21-40
Chronic Myocarditis	?

Other **Contributory Causes** of importance:

Namo of oparation None Date of None

What tast confirmed diagnosis? Clinical Was thara an autopsy? No

23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of daceased? No

If so, specify

(Signad) W B Draper M. D.

(Address) Boonsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

06829

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Mangansville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wash.

City or town Mangansville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Male Child Ralph Keadle

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 6, 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day ____ hrs. ____ min.

9. Birthplace Mangansville - Wash. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Ralph Keadle
13. Birthplace Wash. Co. Md.

MOTHER
14. Maiden name Rhae Morningstar
15. Birthplace Wash. Co. Md.

16. Informant Ralph Keadle

Address Mangansville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7, 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location

16. Funeral director Fred W. Kraissi

Address Hagerstown, Md.

19 June 7, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-6- 1940, to 6-6- 1940, and that I last saw ~~h~~ ~~alive on~~ 6-6-40 19

Immediate cause of death still born (7 mo)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. E. W. Detty M. D. or other

Address Hagerstown Md. Date signed 6/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

06830

Reg. Dist. No. 801

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington County
City or town Artizan St
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Artizan St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rev. David Albert Keets

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary A Dorsey Keets
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Unknown			hrs. min.

9. Birthplace Near Keedysville Md
(Town, county, and state)
10. Usual occupation Preacher
11. Industry or business
FATHER 12. Name Zariah Keets
13. Birthplace Unknown
MOTHER 14. Maiden name Caraline Calaman
15. Birthplace Rohersville Md
16. Informant Mary A Keets (wife)
Address Williamsport Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 1940 (month) (day) (year)
Cemetery or crematory Simpson Chapel Poplar Spring
Location Howard Co. Near Ridgeville Md
18. Funeral director Edith V Leaf
Address Williamsport, Md
19. June 28 1940 (Date rec'd by registrar) Mrs Ethel Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 10-30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1940, to June 27 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1/24
Due to	
Due to Arteriosclerosis	3 years
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. M. Rinehart M. D. or other
Address Williamsport Md. Date signed 6/28/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06831

Reg. Diat. No. 7-306

1. PLACE OF DEATH:-
County Washington
City or town Smithsburg md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Route Main St. Smithsburg md
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Smithsburg md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. None
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME David. Kendall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name ~~of husband or~~ wife Susie Kendall
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 4-6-1869

8. AGE:

Years	Months	Days	If less than one day
70	2	4	— hrs. — min.

9. Birthplace Pleasant Valley. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business none

FATHER
12. Name William. Kendall
13. Birthplace Pleasant Valley

MOTHER
14. Maiden name Mary. Bowman.
15. Birthplace Pleasant Valley.

16. Informant Susie Kendall
Address Smithsburg md
Smithsburg Cemety (Burial, cremation, or removal. Which?) Date thereof 6-12-1940 (month) (day) (year)
Cemetery or crematory Smithsburg Cemety.
Location Smithsburg md
18. Funeral director Geo. B. Hoover
Address Smithsburg md
19. June 11 1940 Geo. W. Ferguson local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 5:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 10 1940, and that I last saw him alive on June 9, 1940.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M. D. or other
Address Smithsburg, Maryland Date signed 6/10/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06832

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 247 Summit Ave.
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 27 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 247 Summit Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Otho Franklin Kitzmiller

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Kitzmiller
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November - 23 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	6	25	____ hrs. ____ min.

9. Birthplace Benevola Wash. Co. Md. (Town, county, and state)
10. Usual occupation Retired Printer
11. Industry or business Job Printing Office
FATHER 12. Name Samuel Kitzmiller
13. Birthplace Benevola Wash. Co. Md.
MOTHER 14. Maiden name Rachael A. Richards
15. Birthplace Benevola Wash. Co. Md.
16. Informant Mrs. Elva I Kitzmiller
Address 247 Summit Ave. Hagerstown Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof June - 21 - 1940 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary
Location Boonsboro Md.
18. Funeral director Wm. T. Bast & Son
Address Boonsboro Md.
19. 6-19- 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 18 1940, and that I last saw h[illegible] alive on June 18 1940.

Immediate cause of death Coronary Thrombosis — DURATION 24 hrs.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE J. H. Beachley M. D. or other
Address Hagerstown, Md. Date signed June 19/40

RECEIVED
JUL 8 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-A)

CERTIFICATE OF DEATH

06833

Reg. Dist. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Washington

City or town Hagerstown R. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown R. 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~ Broad Fording
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Kate Kretzer

3. (b) Social Security Number No

4. Sex: F.

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: W. E. Kretzer

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): April 15th 1873

8. AGE: Years: 67 | Months: 2 | Days: 1 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Franklin Co. Pennsa
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Jasper Hicks
13. Birthplace: Virginia

MOTHER
14. Maiden name: Kattie Ebersole
15. Birthplace: Virginia

16. Informant: C E Kretzer

Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19th 1940 (month) (day) (year)

Cemetery or crematory: Broad Fording

Location: Hagerstown R. 2

18. Funeral director: Ralph M. Martin

Address: Greencastle Pa

19. June 17 1940 (Date rec'd by registrar) C. H. A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 4 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1940 to June 16 1940; and that I last saw ~~him~~ alive on June 16 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions Chr. Myocarditis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. H. Bowers M. D. or Coroner

Address Hagerstown Md Date signed June 17 1940

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(832)

06834

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

VS 415 (T)

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

15 East Ave

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 East Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME John William Marshall

3.(b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 15 - 1870

8. AGE: Years	Months	Days	If less than one day
69	11	2	..... hrs. ..... min.

9. Birthplace Shepherdstn Jeff. Co. W. Va. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER 12. Name John Wm Marshall

FATHER 13. Birthplace Shepherdstown W Va

MOTHER 14. Maiden name Susan E Bane

MOTHER 15. Birthplace Shepherdstown W Va

16. Informant Lelia A. Marshall

Address Hagerstown Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 19-1940 (month) (day) (year)

Cemetery or crematory Elmwood Cem.

Location Shepherdstown. W. Va

18. Funeral director Andrew K. Cost-men

Address Hagerstown, Md

19. June 19. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17. 1940 at 3 30 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 16 1940

and that I last saw h.im alive on June 16 1940

Immediate cause of death	DURATION
Cerebro Thrombosis	2 days.
Due to Arteriosclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE D. Prather M. D.

Address Hagerstown, Md Date signed June 17. 40

Dr Prather

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-a)

CERTIFICATE OF DEATH

06835

Reg. Dist. No. 7-306

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Washington
City or town Smithsburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 17 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wash
City or town Smithsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Maple Ave No Boundary
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Victor Martin

3. (b) Social Security Number 173-03-0465

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha Martin

6 (c) If alive, give age 46 yr years

7. Birth date deceased (mo., day, yr.) 8-7-1891

8. AGE: Years	Months	Days	If less than one day
58 ~~48~~	10	17	hrs. — min.

9. Birthplace Leitersburg Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Laborer
FATHER 12. Name Henry Martin
FATHER 13. Birthplace Leitersburg Md
MOTHER 14. Maiden name Mary Ellen Webb
MOTHER 15. Birthplace Near Leitersburg
16. Informant Bertha Martin
Address Smithsburg Md
Smithsburg (Burial, cremation, or removal. Which?) Date thereof 6-23-1940 (month) (day) (year)
Cemetery or crematory Smithsburg Cemetery
Location Smithsburg Md
18. Funeral director Leo. B. Hoover
Address Smithsburg Md
19. June 22 1940 (Date rec'd by registrar) Geo W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1940, at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15, 1938, to June 21, 1940, and that I last saw him alive on June 20, 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Generalized arteriosclerosis Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter L. Waldinger M.D. (M. D. or other)
Address Smithsburg Date signed June 23, 1940

RECEIVED
JUL 8 1940
BUREAU V. S.

06836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hancock, R.F.D. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Daniel C. McCormick

3. (b) Social Security Number:

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Elva E McCormick

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Sept. 14 - 1882

8. AGE: Years: 57 Months: 9 Days: 9 If less than one day: hrs. min.

9. Birthplace: Washington Co. (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: John McCormick
13. Birthplace: Washington Co

MOTHER
14. Maiden name: Rebecca Faulders
15. Birthplace: Washington Co.

16. Informant: Mrs. Sarah Shoemaker

Address: Hancock Md R.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25 1940 (month) (day) (year)

Cemetery or crematory: Catholic Cemetery

Location: Hancock, Md

18. Funeral director: Snyder Rowland

Address: Clear Spring Md

19. June 24. 1940 (Date rec'd by registrar) Chas H Howard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 5 15/A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940, to June 23 1940, and that I last saw him alive on June 23 1940.

Immediate cause of death	DURATION
Meningitis. Meningococcus (Epidemic meningitis: 3 days)	?
Terminal Bronchopneumonia	2 days
~~Due to~~ Uremia	1 week
Prostatic Abscess	?
~~Due to~~ Urinary Retention, Acute	2 weeks
Myocarditis, Chronic.	?
Other conditions: Conjunctivitis, Bilateral	?
Stomatitis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none.

Of autopsy: Meningitis, Bronchopneumonia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Archie Robert Cohen M. D. ~~or other~~

Address: Clearspring Date signed: 6/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

06837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH;

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years.

Hospital, institution, or street address where death occurred: 834 Chestnut St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 834 Chestnut St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary A Miller

3. (b) Social Security Number None

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Alvin R Miller

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 1 1867

8. AGE: Years 73 | Months 2 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace: Lewistown Fred. Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: William Weller
13. Birthplace: Hagerstown Md

MOTHER
14. Maiden name: Mary E. Cunningham
15. Birthplace: Unknown.

16. Informant: Mr. J.K. Benedict

Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md.

19. June 23, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

Ditto

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 6.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1- 1938, to 6-22 1940 and that I last saw her alive on 19

Immediate cause of death: Chr. Myocarditis

Due to

Due to

Other conditions: Arterio-sclerosis (Include pregnancy within 8 months of death)

DURATION: 5 yrs

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: E W Little M. D.

Address: Hagerstown Md Date signed 6/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

06838

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown RR4
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) forty yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagers town RR4 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Edward Oaks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ada M. Masters
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Oct. 29. 1863

8. AGE: Years	Months	Days	If less than one day
76	7	23	hrs. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name Henry Oaks
FATHER 13. Birthplace Pennsylvania
MOTHER 14. Maiden name Barbara Sheely
MOTHER 15. Birthplace Pennsylvania
16. Informant John Oaks
Address Hagerstown RR4
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 25 1940 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Greencastle, Pa.
18. Funeral director Jacob A. Teeter
Address Greencastle Pa
19. June 25, 1940 (Date rec'd by registrar) Chas H Boward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to June 22 1940, and that I last saw him alive on June 20 1940.

Immediate cause of death	DURATION
Uremia	
Due to Arteriosclerosis	
Due to Advanced senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. H. Leuthen M.D.
M. D. or other
Address 134 N. Potomac Date signed 6-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

06839

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 32 Cramers alley
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Roy L. Orcutt Sr.

3. (b) Social Security Number 214-09-9971

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Gertrude C. Orcutt

6.(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.): Dec 11 1898

8. AGE: Years 41 Months 6 Days 17 If less than one day ..... hrs. ..... min.

9. Birthplace: Hagerstown Wash. Md.
(Town, county, and state)

10. Usual occupation: W PA

11. Industry or business

FATHER
12. Name: William Orcutt
13. Birthplace: Hagerstown Md.

MOTHER
14. Maiden name: Myrtle Cridler
15. Birthplace: Unknown.

16. Informant: Mrs. Gertrude C. Orcutt
Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 1, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F Minnich & Son
Address: Hagerstown Md.

19. June 30. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1940, at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1940, to June 28 1940 and that I last saw him alive on June 28 1940

Immediate cause of death	DURATION
Lobar Pneumonia	2 weeks
Due to Type VI + Type VII Pneumococci	
Due to	
Other conditions Pneumococcus Meningitis	10 days
Pneumococcus Endocarditis	2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: Pneumococcus Endocarditis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F F Lusby M. D. or other

Address: 170 W Wayne Date signed: 6/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06840

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Stillborn
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hosp.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 433 W. Washington
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Stillborn Plack

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed or divorced~~
Female	W	—

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace Hagerstown Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name
13. Birthplace unknown

MOTHER
14. Maiden name Doris Winifred Plack
15. Birthplace Harrisburg, Pa

16. Informant Doris Winifred Plack
Address 433 W. Wash. St. Hagerstown Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 6-19-40 (month) (day) (year)
~~Cemetery or~~ crematory Wash. Co. Hosp.
Location Hagerstown Md.

18. Funeral director Hospital
Address Hagerstown Md.

19. June 19, 1940 Blank Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Stillborn 6-17 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Due to Still born	
Due to	
Other conditions Premature	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Cuttis MD
M. D. or other
Address 134 N. Potomac Date signed 6-18-40

RECEIVED
JUL 8 1910
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (945)

CERTIFICATE OF DEATH

06841

Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hancock

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 524 W. Church St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nathan David Ridenour

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Ridenour

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Aug. 14 1862

8. AGE: Years 77 | Months 10 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Bakersville, County Maryland (Town, county, and State)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Benjamin Ridenour

13. Birthplace Halfway, Maryland

MOTHER 14. Maiden name Rebecca Edmonds

15. Birthplace Alexander, Virginia

16. Informant Miss Emma Ridenour

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-19-1940 (month) (day) (year)

Cemetery or crematory Mannor

Location Near ~~Til~~ Fairplay

18. Funeral director R. I. Earnshaw

Address Keedysville, Md.

19. 6/17/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

	DURATION
Immediate cause of death Coronary Thrombosis	
Due to Asthmatic	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

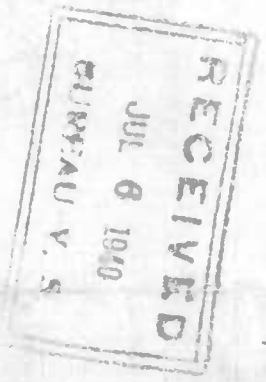
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L M Shaffer MD

Address Hancock Md. M. D. or other

Date signed 6/17/40



13714

Nathan Daniel
Palmer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-H)

CERTIFICATE OF DEATH

06842

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 59 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 312 SoLocust St,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lucy C. Rohrer.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John C. Rohrer.

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): 1881

8. AGE: Years	Months	Days	If less than one day
59	1	27	____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Home work

11. Industry or business

FATHER — 12. Name: James Anderson

FATHER — 13. Birthplace: New Jersey.

MOTHER — 14. Maiden name: Nellie Weller

MOTHER — 15. Birthplace: Virginia.

16. Informant: John C. Rohrer.

Address: Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill.

Location: Hagerstown.

18. Funeral director: Fred W. Kraiss.

Address: Hagerstown.

19. June 17, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 8:20 P

20. DATE OF DEATH: June 15 19 40, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,

and that I last saw her alive on ____ 19__,

Immediate cause of death: Illuminating gas poisoning. — DURATION: 6/15/40

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 6/15/40

Where did injury occur? Hagerstown (City or town) Wash (County) md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: gas poisoning Injured at work? no

23. SIGNATURE: H. Robert Mull DEPUTY MEDICAL EXAM. WASH. CO., MD.

Address: 115 N. Potomac St. Hagerstown, Md. M. D. or Coroner

Date signed: 6/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

06843

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 46 S. Potomac St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 46 S. Potomac (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary R. Rouskulp

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct 22 - 1850

8. AGE: Years: 89 Months: 8 Days: — If less than one day: hrs. min.

9. Birthplace: Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Retired School Teacher

11. Industry or business:

FATHER
12. Name: Upton Rouskulp
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Joanna Weise
15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. Mary Keller

Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. June 24 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 22 1940 and that I last saw her alive on June 22 1940

Immediate cause of death: Acute Bronchitis, Oedema Lungs

Due to:

Due to:

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

DURATION: 6 days, 2 days

Major findings of operations: none

Date of op.: —

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A P Stauffer M. D. or other

Address: Hagerstown Md Date signed: June 24 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06844

Reg. Dist. No. 302

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown rd

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 Day Dead

Stay in this community (yrs., or mos., or days): 1 Day Dead

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Wash.

City or town: Funkstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Rudolph

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife: none

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 19 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace: Hagerstown, Md.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER

12. Name: Grover Rudolph

13. Birthplace: Wardensville W. Va.

MOTHER

14. Maiden name: Francis Diehl

15. Birthplace: Ringgold Md.

16. Informant: Father.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1940. (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Ringgold Md.

18. Funeral director: Grover Rudolph

Address: Ringgold Md.

19. 6-19- 1940 (Date rec'd by registrar) Chas. H. Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 19 1940, to June 19 1940 and that I last saw h[illegible] alive on June 19 1940

Immediate cause of death: Stillborn — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE J. N. Beachley M. D. or other

Address Hagerstown Md. Date signed June 19 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1910
BUREAU OF S

06845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4½ yrs.

Hospital, institution, or street address where death occurred: 859 Dewey Ave.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 859 Dewey Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hattie Shank Sagle.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Quay J.

6.(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 3 - 1894

8. AGE: Years 45 Months 11 Days 14. If less than one day ..... hrs. ..... min.

6. Birthplace Hagerstown Wash Co Md. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Benj. Shank

13. Birthplace Leitersburg Md.

MOTHER 14. Maiden name Elizabeth Draper.

15. Birthplace Clearspring Md.

16. Informant Quay J. Sagle.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 20-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. June 19, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 7.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1940 to June 17 1940 and that I last saw her alive on June 17 1940

Immediate cause of death	DURATION
Coronary occlusion	6/9/40
Due to Ventricular fibrillation	6-17-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells, M.D. M. D. ~~or other~~

115 N. Potomac St.

Address Hagerstown, Md. Date signed 6/18/40

Dr. Wells

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06846

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 654 Pennsylvania Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 654 Penna. avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorthy M. Scott (Stillbirth)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace Hagerstown Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Alexander Edenny
13. Birthplace Hagerstown Md

MOTHER
14. Maiden name Dorthy Scott
15. Birthplace Hagerstown Md

16. Informant Mrs Laura Scott
Address 654 Penn ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24-40 (month) (day) (year)
Cemetery or crematory Bellevue
Location Hagerstown Md

18. Funeral director John M Caldwell
Address Hagerstown Md

19 June 24 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to 3rd Pregnancy	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas H Bowers M. D. or other
Address Hagerstown Md Date signed 6/24/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-1) Reg. Dist. No. 305

CERTIFICATE OF DEATH

06847

1. PLACE OF DEATH

(a) County Washington

(b) City or town near Boonsboro Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Tommy Memorial Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town near Boonsboro Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. ____
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Mollie Selby

3 (b) If veteran, name war ____

3 (c) Social Security No. none

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband ~~or wife~~ Mordecai Selby

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 13-1858

8. AGE: Years 81 | Months 9 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Taneytown, Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER 12. Name Samuel Clingan

FATHER 13. Birthplace Taneytown Md.

MOTHER 14. Maiden Name Matilda Hesselgrave

MOTHER 15. Birthplace Taneytown Md.

16 (a) Informant Mrs. Blanche Haines

(b) Address New Windsor Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-1940 (month) (day) (year)

(c) Cemetery or crematory Pipe Creek Cem.

Location near Westminster Md.

18 (a) Funeral director H. D. Hartsley & Sons

(b) Address New Windsor Md.

19 (a) June 8-40 (Date rec'd by registrar) (b) William T. Bost Registrar

MEDICAL CERTIFICATION

20. Date of death June 8 1940, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 8 1940, and that I last saw him alive on June 8 1940.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature G. W. Leltan M.D.
M. D. or other

Address Boonsboro Date signed June 8, 40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

06848

Reg. Dist. No. 7

1. PLACE OF DEATH:
County Washington
City or town Near Smithsburg md
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wash.
City or town Near Smithsburg Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)
Street No. none
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mary Elizabeth Shindle

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3 16 1881

8. AGE: Years	Months	Days	If less than one day
59	3	12	hrs. — min.

9. Birthplace Near Smithsburg md (Town, county, and state)
10. Usual occupation House keeping
11. Industry or business none

FATHER
12. Name Daniel J. Stuckslaber
13. Birthplace Near Funkstown md

MOTHER
14. Maiden name Emma K. Shank.
15. Birthplace Near Smithsburg md

16. Informant John Stuckslaber
Address Smithsburg md
17. (Burial, cremation, or removal? Which?) Smithsburg Cemetery Date thereof 6 30. 1940 (month) (day) (year)
Cemetery or crematory Smithsburg Cemetery
Location Smithsburg Md
18. Funeral director Geo. B. Hoover
Address Smithsburg md
19. June 25 1940 (Date rec'd by registrar) Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1940, at 1:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to June 28, 1940, and that I last saw her alive on June 28, 1940.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions Cerebral hemorrhage - 2 yrs ago	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M.D. M. D. or other
Address Smithsburg, Maryland Date signed June 26, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A-15

RECEIVED
JUL 6 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-m)

06849

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington Co. Hospital
City or town Hagerstown Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clear Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Beverly Jane Shoemaker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28th 1939

8. AGE: Years 0 | Months 11 | Days 9 | If less than one day hrs. min.

9. Birthplace Washington County
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Samuel Shoemaker
13. Birthplace Washington, Co.

MOTHER 14. Maiden name Pauline Pike
15. Birthplace Franklin Co. Pa.

16. Informant Samuel Shoemaker
Address Clear Spring, Md. Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1940 (month) (day) (year)

Cemetery or ~~crematory~~ St. Paul's Cemetery
Location Near Clear Spring, Md.

18. Funeral director Snyder-Rowland
Address Clear Spring Maryland

19 June 18 1940 (Date rec'd by registrar) Edith H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1940, to June 17 1940, and that I last saw her alive on June 17 1940

Immediate cause of death	DURATION
Convulsive seizures, cause undetermined, may be an encephalitis	2 da
Due to Otitis media, bilateral	?
Due to Congenital myotonia	?
Due to Malnutrition	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy General lymphatic enlargement Hemorrhagic injection brain

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Archie Robert Cohen M. D.
Address Clear Spring Md. Date signed 6/17/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(9371)

06850

Reg. Dist. No. 38 2

1. PLACE OF DEATH:

County WASHINGTON

City or town HAGERSTOWN

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: HAGERSTOWN HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days) 4 DAYS

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County WASHINGTON

City or town STATE LINE Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME SAMUEL JACOB SHUCK

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife CORA BURKETT

6(c) If alive, give age NO years

7. Birth date of deceased (mo., day, yr.) MARCH 9, 1863

8. AGE:

Years	Months	Days	If less than one day
77	3	11	hrs. min.

9. Birthplace FRANKLIN Co. PA.

(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

FATHER

12. Name JEREMIAH SHUCK

13. Birthplace MARYLAND.

MOTHER

14. Maiden name ELIZABETH SHIVDLE

15. Birthplace PENNA.

16. Informant Harry M. Shuck.

Address State Line, Md.

17. BURIAL Date thereof JUNE 23, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory BEAUTIFUL VIEW

Location STATE LINE, MD.

18. Funeral director Jacob A. Yates

Address Greencastle, Pa.

19. June 23, 1940 Chas. H. Powell

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 9:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940, to June 20 1940, and that I last saw h[illegible] alive on June 20 1940.

	DURATION
Immediate cause of death Complete (Heart Block	June [illegible]
Due to	
Due to	
Other conditions Arteriosclerotic cardio vascular disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Campbell M. D. or other

Address Hagerstown Date signed June

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S

Dr. Wade.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

06851

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Near Boonsboro (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Route 40

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 37 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Near Boonsboro Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 40 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Arthur Gaines Smith

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

8 (b) Name of husband or wife Cora Smith

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August. 30 - 1868

8. AGE: Years 71 Months 9 Days 13 If less than one day hrs. min.

9. Birthplace Boonsboro Wash. Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business General work

FATHER 12. Name George Smith

13. Birthplace Boonsboro Wash. Co. Md.

MOTHER 14. Maiden name Indiana Becraft

15. Birthplace Virginia

16. Informant Mrs. Cora Smith

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June-16-1940 (month) (day) (year)

Cemetery or crematory Reformed Cemetary

Location Middletown Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. June-16. 1940 (Date rec'd by registrar) William F. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13" 1940, at 2.28 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec-15 1939, to June 13" 1940, and that I last saw him alive on June 13" 1940.

Immediate cause of death Myocarditis; Chronic; C.W.G.P. — DURATION 8 mos.

Due to

Due to

Other conditions Nephritis; Acute; — 6 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Hubert Wade M. D. M. D. or other

Address Boonsboro Md Date signed 6/15/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

06852

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
425 Jefferson Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 425 Jefferson Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma K. Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

B (b) Name of husband or wife Martin L. Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 7, 1872

8. AGE:

Years	Months	Days	If less than one day
67	7	0	____ hrs. ____ min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name Frederick Baker
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Mary Barlup
15. Birthplace Washington County, Md.

16. Informant Mrs. Cora M. Jones
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 9, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1940 - 4:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 3 1940, and that I last saw her alive on ____ 19____.

	DURATION
Immediate cause of death Cerebral Pulmonary Embolism	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. A. Campbell M. D. or other

Address Hagerstown Md Date signed June 3 1940

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 06853 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 hrs.
Hospital, institution, or street address where death occurred:
165 Summit Ave.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Street No. 165 Summit Ave (If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME Mrs Ima Mae Taylor.

3. (b) Social Security Number 214-09-8368

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife Harry R.
6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Jany 10 - 1895

8. AGE: Years	Months	Days	If less than one day
45	4	24.	....hrs. ....min.

8. Birthplace Brooklyn, New York (Town, county, and state)
10. Usual occupation Saleslad.
11. Industry or business R. M. Hays & Bro.
FATHER 12. Name John S. Bowers.
FATHER 13. Birthplace Sharpsburg Md.
MOTHER 14. Maiden name Sadie Young
MOTHER 15. Birthplace Hagerstown. Md.
16. Informant Harry R. Taylor.
Address Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 8. 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.
18. Funeral director Andrew K. Cassman
Address Hagerstown. Md
19. June 6. 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940 at 9 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ....19.... to ....19....
and that I last saw her alive on ....19....
Immediate cause of death Coronary embolus. — DURATION 6/4/40
Due to Polycystic (L) kidney — 1938
Malignant
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations Malignancy of kidney
as above Date of op. May '40
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Sudden Death
Accident, suicide, or homicide no Date of
Where did injury occur? none (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) no
Means of injury ----- Injured at work?

23. SIGNATURE D. Parker Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
Address 115 N. Potomac St. Hagerstown, Md. M. D. or other
Date signed 6/4/40

Dr. Wells-

RECEIVED
JUL 8 1940
BUREAU V. S.

Dr. Draper.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06854

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
S. Main St.
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. S. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME Elmer Carlton Thomas

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clellie Thomas
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October - 12 - 1859

8. AGE:

Years	Months	Days	If less than one day
80	8	3	____ hrs. ____ min.

9. Birthplace Monroe Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business (Retired)
FATHER 12. Name Soloman Thomas
13. Birthplace Monroe Wash. Co. Md.
MOTHER 14. Maiden name Elizabeth Duffer
15. Birthplace Near Boonsboro Wash. Co. Md.
16. Informant Mrs. Clellie Thomas
Address Boonsboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June - 17. 40 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary
Location Boonsboro Md.
18. Funeral director Wm. T. Bast & Son
Address Boonsboro Md.
19. June 17, 1940 (Date rec'd by registrar) William T. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940 at 4:45 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939, to June 15 1940, and that I last saw him alive on June 13 1940.

Immediate cause of death	DURATION
Thrombosis, Myocarditis, Chronic	3
Due to Chronic C-V. Renal disease	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. B. Draper M. D.
M. D. or other
Address Boonsboro, Md. Date signed 6-17-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 475

CEIVED
JUL 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

06855

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Washington Co. Hosp.

How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 64 North ave (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Frank L. Thornburg

3. (b) Social Security Number: 220-10-3435

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Sallie L. Thornburg

6.(c) If alive, give age: – years

7. Birth date of deceased (mo., day, yr.): Feb. 5 - 1865

8. AGE: Years: 75 Months: 4 Days: 1 If less than one day: ..... hrs. ..... min.

9. Birthplace: Hagerstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Wood worker

11. Industry or business: Moller Organ Works

FATHER
12. Name: Robert Thornburg
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Mary Carson
15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. R. C. Thornburg

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8 - 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. June 7, 1940 (Date rec'd by registrar) Chas. H. Powers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/6 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1938, to June 6 1940 and that I last saw him alive on June 6 1940

Immediate cause of death: Epithelioma - started left temple region — DURATION: 2 yrs

Due to: see 22 below

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results: Epithelioma

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: about 3/15/38

Where did injury occur? Hagerstown (City or town) Wash (County) Md (State)

Injured at home, farm, industry, public place (where?) Moller Organ Works

Means of injury: Board Hit Left Temple Injured at work? Yes

23. SIGNATURE: F. F. Lusky M.D. or other

Address: 170 W Washington Date signed: 6/7/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

06856

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Vermont St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Washington Wiley

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Florence Wiley

6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): July 25 1864

8. AGE: Years	Months	Days	If less than one day
76	4	11	hrs. min.

9. Birthplace: Near Clearspring Md
(Town, county, and state)

10. Usual occupation: Labor Brick Yard

11. Industry or business: Brick Yard

FATHER 12. Name: John Wiley

13. Birthplace: Big Pool Md

MOTHER 14. Maiden name: Mary Elizabeth Richard

15. Birthplace: Big Pool Md

16. Informant: Florence Wiley

Address: Williamsport, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport, Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. June 6 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/5/40, 19, at 1PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/3/40, 19, to 6/5/40, 19, and that I last saw him alive on 6/5/40, 19.

	DURATION
Immediate cause of death: Cardio Vascular Disease	10 yrs
Due to: Auricular Fibrillation	3 yrs
Due to: Arteriosclerosis,	15 yrs
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ralph L. George M. D. or other

Address: Williamsport, Md Date signed: 6/5/40

RECEIVED
JUN 14 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06857

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington County

City or town Sharpsburg Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 63 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Wilson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Nora Wilson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1856

8. AGE: Years	Months	Days	If less than one day
83	5	20	hrs. min.

9. Birthplace Sharpsburg Maryland
(Town, county, and state)

10. Usual occupation Plaster

11. Industry or business

FATHER 12. Name James Wilson

13. Birthplace Sharpsburg Md

MOTHER 14. Maiden name Jane Moore

15. Birthplace Sharpsburg Md

16. Informant Mrs. Harold Lewis (daughter

Address Sharpsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15 1940 (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Sharpsburg Md

18. Funeral director Edith V Leaf

Address Williamsport Md

19. 6-18 1940 Ella Boyce
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1940, to June 15 1940, and that I last saw him alive on June 14 1940.

	DURATION
Immediate cause of death: Uraemia	1 mon
Due to: Chronic Myocarditis	1936
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. LeVan M.D.
M. D. or other

Address Boonsboro, Md Date signed June 15, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3 06858

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (1920)

County Washington Registration Dist. No. 302

Village or City Keitersburg No. Millers Ch. Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lula M. Wolfinger. If U. S. Veteran, specify WAR

(a) Residence: No. Millers Ch. Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence S-

6. DATE OF BIRTH (month, day, and year) Apr 4 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) June 10-1940

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

FATHER

13. NAME Otho J. Shisler.

14. BIRTHPLACE (city or town) Boonsboro (State or country) Md.

MOTHER

15. MAIDEN NAME Ann E. Reikirk.

16. BIRTHPLACE (city or town) Boonsboro (State or country) Md.

17. INFORMANT Clarence S. Wolfinger. (Address) Hagerstown Md RR#4

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa. Date June 27, 1940

19. UNDERTAKER A. K. [illegible] (Address) Hagerstown Md

20. FILED June 25, 1940 W. B. Newcomer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to June 24, 1940

Last saw h[illegible] alive on June 24, 1940; death is said to have occurred on the date stated above, at 4:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of Onset
Pulmonary Embolism	June 24
Aortic Stenosis & Insufficiency	1920
Mitral Stenosis	1921
Hypertension myocarditis	1936

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) G. G. [illegible] M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 8 1940
BUREAU OF C.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

06859

Reg. Dist. No. 383

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
117 Clarkson Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 117 Clarkson Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John Worthington

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Nettie Worthington

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 1861.

8. AGE: Years	Months	Days	If less than one day
79	1	Unknown	hrs. min.

9. Birthplace Wash. Co. Maryland (town, county, and state)

10. Usual occupation Cab Driver

11. Industry or business

FATHER 12. Name Joseph Worthington

13. Birthplace Washington Co.

MOTHER 14. Maiden name Mary Cathern Winfield

15. Birthplace Washington Co.

16. Informant Mrs Nettie Worthington

Address 117 Clarkson Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 20 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1940, at 530 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1/39 19__, to 6/18 1940, and that I last saw him alive on 6/16 1940.

Immediate cause of death Arteriosclerotic Cardio vascular renal disease — DURATION 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Tuskey M. D. or other

Address 170 W. Washington St. Date signed 6/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06860

Reg. Dist. No. 316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Keedysville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Keedysville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Main

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Roseanna Zimmerman

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Nicodemus

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 28, 1845

8. AGE:

Years	Months	Days	If less than one day
95	4	23	hrs. min.

9. Birthplace: Keedysville, Wash. Maryland

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Ezra Snyder

13. Birthplace: Eakle's Mill

MOTHER

14. Maiden name: Sarah Staubs

15. Birthplace: Porterstown, Md.

16. Informant: Miss Sadie Zimmerman

Address: Keedysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-23-1940 (month) (day) (year)

Cemetery or crematory: Fair-View

Location: Keedysville, Md.

18. Funeral director: R. I. Earnshaw

Address: Keedysville, Md.

19. June 22, 1940 (Date rec'd by registrar) R. A. Keeting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940. to June 20 1940.

and that I last saw h-er alive on June 14 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 3 Mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Hubert Wade M. D.

M. D. or other

Address: Boonsboro, Md. Date signed 6/21/40

RECEIVED
JUL 6 1940
BUREAU V. S.